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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

15

Application Number

10/687,865

Filing Date

October 17, 2003

First Named Inventor

E. Marlowe Goble, et al.

Art Unit

Examiner Name

Attorney Docket Number

MED-1 CON CIP

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/
Incomplete Application



Reply to Missing Parts
under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation
Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify
below):

Remarks

Return Receipt Postcard

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MedicineLodge, Inc.

Signature

Printed name

David Meibos

Date

12-8-05

Reg. No.

45,885

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name


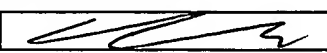
Kathleen Hansen

Date

12/8/05

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">50-3352</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">MedicineLodge, Inc.</div> The Commissioner is authorized to: (Check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath.</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification.</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month.</td> <td>60.00</td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month.</td> <td></td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month.</td> <td></td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for reply within forth month.</td> <td></td> </tr> <tr> <td>1255</td> <td>2160</td> <td>2255</td> <td>1,080</td> <td>Extension for reply within fifth month.</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal.</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal.</td> <td></td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing.</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding.</td> <td></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive - 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Total Claims	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	-20**=	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	x	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>	=	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>																																																																																																																																																																																						
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1202	50	2202	25	Claims in excess of 20.																																																																																																																																																																																									
1201	200	2201	100	Independent claims in excess of 3.																																																																																																																																																																																									
1203	360	2203	180	Multiple dependent claim, if not paid.																																																																																																																																																																																									
1204	200	2204	100	**Reissue independent claims over original patent.																																																																																																																																																																																									
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent.																																																																																																																																																																																									
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Name		David W. Meibos		Registration No. 45,885																																																																																																																																																																																									
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